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# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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The following article is printed in this department with the hope that it will bring forth a general discussion on the feasibility of such a plan in cities where there are universities and medical schools.

Some of the difficulties which exist and which must be overcome are: (1) Lack of coöperation between individual schools and hospitals; (2) Prejudice of the medical profession against university affiliations for the student nurse; (3) Limited financial resources of the schools of nursing; (4) Lack of stability of clinical material in hospitals which maintain schools of nursing.

Full discussion on this subject is invited.

## CENTRAL SCHOOLS OF NURSING OR INDIVIDUAL TRAINING SCHOOLS

BY ELIZABETH SELDEN, R.N., B.S.

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The medical and nursing professions together with the public at large are cognizant of the fact that the student nurse in many of our training schools receives at best only a meager educational preparation for her life's work. The deficiency in her training and education is due to a number of factors, some of which are: the lack of instructors; poorly prepared instructors and teachers; lack of knowledge of the needs of the student on the part of the superintendent of nurses or superintendent of the hospital or both; inadequate equipment for library and classroom; lack of human clinical material; insufficient number and variety of patients for proper study; the hours set aside for rest and recreation being used for class purposes; and evening classes at which time the student is far too tired after the day's work to derive even small benefit from the best prepared class or lecture. Also, the applicants who enter are poorly prepared in most instances in the academic subjects.

At the time of the examinations for the state registration of nurses it was found by those holding the examinations in the practical nursing subjects that a very great many different methods were being taught; in fact almost as many as there were schools represented and that methods varied even within schools. These methods were excellent in some cases, fairly good in others, and poor where training was lacking. In the majority of cases it was a combination of both good and bad technique.

It has been true in the past that students graduated from high school upon entering a school of nursing are found to be deficient in

many of the subjects required by any State Board of Registration; for example, chemistry, both organic and inorganic; elementary biology; physics; bacteriology; hygiene; dietetics and cooking; the very A. B. C.'s of nursing. As soon as the probationer enters the school the hospital is compelled to give a course in these subjects before the regular nursing work can begin, thus neglecting and shortening other courses of study.

A large per cent of the high school graduates are very immature in their development. Psychology teaches us that certain latent instincts and emotions appear during adolescence and that the age at which they become present varies with the individual. All such emotions and instincts should be well developed and under perfect control before any young woman assumes the responsibility of caring for the sick in hospitals. The pupil nurse of seventeen or eighteen years of age is too young to deal with the serious problems of hospital life. The slightest deviation from the normal or usual routine so upsets her that she is more of a hinderance than a help; in other words, she lacks stability.

It is a well recognized fact that the young woman of to-day is impatient to begin what she considers her life's work. She will not remain quietly at home until she reaches the proper age at which to enter a hospital. Her parents cannot meet college expenses, and so she drifts into other lines of work and is lost to the training school and hospital.

Now I believe that a panacea for the evils can be found in the establishment of central schools of nursing, and that many of our professional problems will be solved here also. You ask how this can be accomplished. Just as the medical profession has scattered throughout the country schools of medicine, which are connected with colleges and universities, so can the nursing profession have its schools of nursing, which are connected with colleges and universities. Just as the graduates from the medical schools serve an internship in hospitals, so can some arrangement of this sort be made for graduates from these schools of nursing.

A scheme of this sort might be worked out in any large city, such as New York, San Francisco, or Chicago, where direct connection can be made with colleges and universities. The applicant, a high school graduate, would enter, not as a probationer in the hospital, but as a student in the school of nursing, which is a department of the college or university. She would reside in the home provided by the central school of nursing for these students. She would remain here as a student for one or more years as required by the college. All theoretical class work would be given during this period by the college and

at the college,—the nurse visiting the various affiliated hospitals where under supervision and guidance she would study the concrete examples of the subject matter given her in the lecture and class room.

The practical nursing methods would also be taught during this period at the college in specially equipped laboratories. After perfection had been attained and skill acquired by the student through supervised practice, the practical application would also be made at one of the affiliated hospitals, but under the supervision of an instructor from the college. The hours for such visits would be arranged to suit the convenience of the hospital. At the completion of the course the student would enter one of the affiliated hospitals as a pupil nurse.

In general the affiliated hospitals would turn over their nursing work to the central school of nursing. The hospitals would requisition the central school for a certain number of pupil nurses, a sufficient number to meet the requirements of the college as to number of patients per pupil nurse. These students would then be placed by the central school of nursing in the homes provided by the hospitals for the purpose, and thus become pupil nurses in the hospitals. The central school would still maintain a certain amount of supervision over them. The practical instructors would spend part time at each hospital supervising the work of the pupil nurses.

All records of students and pupil nurses would be filed at the central school of nursing, as property of the college. The various services of the pupil nurses should be recorded not only as to length of time spent in the department, but also as to number and type of cases nursed while on that service. A record should read something like this:

#### *Medical Service or Medical Nursing*

<i>Case</i>	<i>Type</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Typhoid		10	10	20
Pneumonia	Bronchial	5	10	15
	Lobar	10	4	14
Heart	Endocarditis	16	4	20
	Myocarditis	8	8	16
	Valvular	0	0	0

#### **Suggestions for a plan for such a central school of nursing:**

- I. The establishment of a school of nursing as a department of a college or university.
- II. Affiliation of the hospitals around the center with the school of nursing.
- III. Hospitals affiliated to turn over all nursing work to the school of nursing.
- IV. Hospitals to employ nurses from school.
- V. Applicants to enter as college students residing at the school of nursing home.

- VI. Nursing school to have complete charge of the home.
- VII. The superintendent of nurses or director of nurses for each hospital to be chosen by the college and hospital, but salary paid by hospital. She will be a member of the school of nursing and rank as a professor.
- VIII. House mother in each home.
- IX. Eight hour system.
- X. School of nursing faculty to consist of dean of school of nursing, professors, instructors and practical instructors.
- XI. Laboratories for all departments.
- XII. Special laboratories for practical class work.
- XIII. A sufficient number of practical instructors who will spend part time in each of the institutions supervising the work of the pupil nurses.
- XIV. Student government in college, nursing school, homes and hospitals.
- XV. The course to cover all subjects, including training school and hospital administration.
- XVI. A sufficient number of stenographers to allow for one or more circulating stenographers who will spend a certain amount of time at each hospital collecting and typewriting the pupil nurses' records. These she will bring to the college.
- XVII. The expenses of maintaining the school of nursing will be shared by college and affiliated hospitals. The student will be charged a small entrance fee.

Now it does seem to me that such a plan as the one suggested above would be practicable and be of mutual benefit to all concerned. It would make for a more uniform training in both theoretical and practical nursing subjects, and also better and more thorough training. It would raise the standards and ideals of nursing, and attract the right sort of young women. It would be an economical saving of human energy and at the same time eliminate duplication of teaching equipment. It would make for a uniform system of nurses' records, and all students would derive benefit from all teaching and clinical material. All educational deficiency would be made up while at college and pupil nurses would be more mature than heretofore.

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#### A CORRECTION

The writer of the Letter to the Editor, December JOURNAL, page 182, wishes to correct her statement that the pay of a dietitian in Navy service is \$125 a month. This should read,—\$110 a month.